

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>10/1751020</i>	Filing Date
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
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Total Indep	3						
Total Depend	20						
Total Claims	33						

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